

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90029 005 \*\*\*150.00

**DOCUMENT # P01000074879**

1. Entity Name  
**C.S. NETWORKS, INC.**



Principal Place of Business  
**319 CLEMATIS STREET STE 534  
SUITE 532  
WEST PALM BEACH, FL 33401**

Mailing Address  
**319 CLEMATIS STREET STE 534  
SUITE 532  
WEST PALM BEACH, FL 33401**

**40022246**



2. Principal Place of Business  
**319 CLEMATIS ST.  
SUITE 303**

3. Mailing Address  
**319 CLEMATIS ST.  
SUITE 303**

02222005 Chg-P CR2E034 (10/03)

City & State  
**WEST PALM BEACH, FL**

City & State  
**WEST PALM BEACH, FL**

4. FEI Number  
**01-0583454**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**PALM BEACH**

Zip  
**33401**

Country  
**PALM BEACH**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DOMBROSKI, JAY  
319 CLEMATIS STREET STE 532  
SUITE 532 303  
WEST PALM BEACH, FL 33401**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **DOMBROSKI, JAY**  
STREET ADDRESS **319 CLEMATIS STREET SUITE 532 303**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/22/05 - Pres.**

**561-837-5320**